

ADMINISTRATIVE POLICIES AND PROCEDURES

State of Tennessee Department of Correction Index #: 208.01 Page 1

Effective Date: April 1, 2003

Distribution: A

Supersedes: 208.01 (12/15/98)

PCN 01-62 (10/15/01) PCN 00-36 (6/1/00) PCN 99-1 (1/1/99) 208.04 (3/1/99) PCN 99-51 (7/1/99) of

14

Approved by:

Subject: INMATE TRUST FUND ACCOUNTS

- I. <u>AUTHORITY</u>: T.C.A. 43-603, T.C.A. 43-604, T.C.A. 43-606, T.C.A. 40-24-107, T.C.A. 40-25-130, T.C.A. 40-25-143, T.C.A. 40-28-201, T.C.A. 41-21-216, T.C.A. 41-21-512, T.C.A. 41-6-105, T.C.A. 41-6-106, and T.C.A. 41-21-901 through 911.
- II. <u>PURPOSE</u>: To establish a cashless inmate economy through the use of an inmate trust fund.
- III. APPLICATION: To all institutional employees, inmates, and privately managed institutions.

IV. DEFINITIONS:

- A. <u>Manager</u>: For this policy, warden, director, superintendent of the Tennessee Correction Academy.
- B. <u>Trust Fund Custodian</u>: An employee designated by the manager to maintain the trust fund account.
- C. <u>Inmate Trust Fund</u>: The account established for an inmate into which he/she can deposit and withdraw his/her personal funds.
- D. <u>Central Trust Fund Administration (CTFA)</u>: Staff located in the Tennessee Department of Correction (TDOC) central office who are responsible for the administration of the trust fund account.
- E. Government Check: Any check or warrant from a city, municipality, county, state, or federal government.
- V. POLICY: The TDOC shall maintain all inmate monies in a trust fund account.

VI. PROCEDURES:

- A. Receipts shall be handled as follows:
 - 1. The use or possession of cash, credit cards, or tokens of any kind by inmates is prohibited, except for those inmates specified in Section VI.(C)(5) of this policy. Each inmate shall surrender all monies in his/her possession to the manager or designee, except monies allowed by policy.

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2. All checks, warrants, and money orders received for an inmate shall be restrictively endorsed at the time of receipt as per Policy #507.02. Personal checks or third party checks will not be accepted. When the payee is an inmate, the endorsement shall be as follows:

"For Deposit Only to the Trust Fund Account of State of Tennessee for the Account of the Named Payee."

- 3. All government check(s) will be held until the issuing agency verifies the payment is legitimate and due the inmate. If within thirty days CTFA has not received a response from the verifying agency, a letter will be sent to the agency stating that if no response is received within seven (7) days of the date of the letter, the check(s) will be deposited.
- 4. A pre-numbered receipt shall be written for all monies at the time of receipt. The inmate TDOC number shall be included on the receipt, and a copy shall be given to the inmate.

B. Deposits shall be made as follows:

- 1. A certificate of deposit (deposit slip) shall be prepared daily (excluding weekends and holidays) for monies received. The deposit slip will be prepared by an employee other than the one that prepares the receipt.
- 2. Bank deposits will be made immediately, no later than the next workday, subsequent to date of receipt.
- 3. The deposit slip will be forwarded to CTFA daily with a reconciled copy of the daily deposit report, BI01MKN.

C. Withdrawals from the trust fund shall be made as follows:

- Withdrawals may be made from an inmate's account without consent if the
 withdrawal is allowed by policy, statute (including but not limited to levied
 Criminal Injuries Compensation Fees and Litigation taxes when a certification has
 been received from the court and court costs imposed against the inmate and paid
 by the state), or court order. CTFA will enter those courts costs paid by the State
 on TOMIS (screen LCDU, code STA). Notification of such withdrawals shall be
 made to the inmate.
- 2. Withdrawals other than those mandated by statute or policy shall be requested in writing by the inmate.
 - a. These requests shall be made by using the Personal Withdrawal Request, CR-2727, or Commissary Order, CR-2128, CR-3344, or acceptable alternative developed by the institution. (See Policy #209.02, Section VI.(J).).

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- b. The personal withdrawal request shall be forwarded to the trust fund custodian after being signed by a witness and the warden or designee. After processing, the original of the request form shall be returned to the inmate. A copy of the request will be maintained in the trust fund office, whether the request is approved or denied.
- c. Processed commissary forms (BI01LCMB), shall be maintained in the trust fund office, business office, or warehouse. The fiscal officer shall determine the most suitable location.
- d. Personal withdrawals may only be made payable to inmates' immediate family members or for other legitimate verifiable reasons. (See Policy #507.01 for definitions of immediate family.) The verification of legitimacy shall be supplied by the inmate. Transfer of funds to an incarcerated (TDOC) member of the inmate's immediate family may be approved by the warden of the institution in which the receiving family member is incarcerated.
- e. The status of a specific check should not be requested until the check is thirty (30) days old. Exceptions may be granted in unusual circumstances.
- f. An inmate may request that a stop payment be placed on a check that has been issued from their trust fund account. Justification must be sent to the CTFA from the trust fund custodian as to why the stop payment is needed. If approved, the inmate will be charged \$15.00 for this service. A withdrawal will be processed from the inmate's trust fund account and placed in a trust fund organization account called "stop payment". Once a month, these funds will be transferred to the State of Tennessee General Fund by the CTFA.
- 3. The following priorities for withdrawals shall apply to inmates participating in a work release program:
 - a. Specific court orders and deductions allowed by statute applicable to a specific inmate.
 - b. Room and board, electronic monitoring, and other costs refer to Policy #208.02.
 - c. Necessary travel expenses to and from work and associated incidental expenses.
 - d. Weekly draws attributable to work related expenses.
 - e. Support of dependents, if any, in amounts fixed by the designated institutional work program coordinator.

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- f. Payment in full or ratably of obligations acknowledged in writing by inmate.
 - (1) Monthly contributions to the CICF should be made according to Policy #513.01. The money shall be credited to the CICF organization account within the trust fund.
 - (2) Supervision and Rehabilitation Fees should be deducted according to Policy #513.01. The money shall be credited to the Supervision and Rehabilitation organizational account within the trust fund.
- g. Other amounts owed the Department of Correction.
- h. Other requested personal withdrawals.
- 4. CTFA shall follow these procedures for fees collected by the institutions with work release programs:
 - a. On the first workday of each month, the funds shall be deducted from the Supervision and Rehabilitation and CICF organization accounts of the inmate trust fund.
 - b. A reallocation journal voucher shall be prepared to transfer the funds from the inmate trust fund to the department revenue accounts of the appropriate allotment codes and to the Department of Treasury for the Criminal Injuries Compensation Fund as follows:
 - (1) Code 313.03/Source 362-Criminal Injuries Compensation Fund.
 - (2) Code 329.17/Source 369-Supervision and Rehabilitation Fund (MTCX).
 - (3) Code 329.13/Source 355-Supervision and Rehabilitation Fund (TPFW).
 - (4) Code 329.11/Source 354-Supervision and Rehabilitation Fund (BMCX).
- 5. Inmates assigned to a work/educational release program may possess cash; all other inmates except authorized by VI.(C)(6) are restricted from possessing cash. This shall be in accordance with institutional policy and obtained in the following manner:
 - a. The maximum amount of semimonthly draw is limited to \$50.
 - b. The inmate may not have more than \$60 in his/her possession at any time.

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- 6. Minimum trusty inmates authorized to operate motor vehicles off state property as their job assignment may possess and use cash in accordance with the provisions of VI.(C)(5) above and may use cash in accordance with Policy #503.11.
- D. The CTFA shall reconcile the trust fund account on a monthly basis.
- E. All checks that have been outstanding for six months shall be added back into an inmate's account by the institution. CTFA will provide relevant data.
- F. In the event of an inmate's death, the warden's designee where the inmate was assigned (regardless whether it was a temporary assignment) will contact the family and forward the Trust Fund Estate Settlement Form, CR-3618.
 - 1. Upon receipt of the completed form, the trust fund custodian will send a facsimile copy to CTFA.
 - 2. If the form is not returned within thirty (30) days, the trust fund custodian will electronically mail CTFA the last known address listed on TOMIS for family contacts and/or emergencies.
 - 3. Upon notification in Sections (1) or (2) above, CTFA will take the appropriate steps to activate the inmate's account and post the necessary transactions.
 - 4. A check will be generated to the "Estate Of" with the address provided above.
 - 5. CTFA will retain a copy of the check and forward the original check, along with the other institutional trust fund checks, to the institution. The institution will mail the estate check in the same manner as all other trust fund checks.
- G. After an inmate is released, the fiscal officer or designee shall forward a check as soon as possible to the inmate for the balance of his/her trust fund account after deducting any and all outstanding obligations.
 - 1. When it is known at or prior to the time of the inmate's release that an inmate will be receiving monies into his/her trust fund account following release, especially payroll, balances in a trust fund account less that \$1.00 may be held and included to the last known address of the inmate.
 - 2. When monies are received for and/or remain in the account of an inmate after release, a check will be written for the amount and mailed to the last known address of the inmate.
 - 3. Trust Fund Checks returned "undeliverable" shall be canceled and the funds placed in the unclaimed organization account. CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.

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- H. When a check issued to an inmate after his/her release remains outstanding for a period of six (6) months, the inmate's funds shall be transferred to the unclaimed organization account. CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.
- I. When an inmate remains on "escape" status and monies remain in the trust fund account for a period of six (6) months, the inmate's monies shall be transferred to the unclaimed organization account. CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.
- J. To retrieve the funds transferred to the State of Tennessee in Section VI.(G), (H), and (I) above, the following procedures shall be followed:
 - 1. Requests to withdraw (return) inmate funds transferred in VI.(I) shall be in writing to the manager of the institution where the inmate is housed or from which he/she was paroled. These requests will be forwarded to the CTFA.
 - 2. A journal voucher will be prepared by the CTFA to retrieve the funds.
 - 3. To claim inmate funds transferred to the Department of Treasury, Unclaimed Property Division, the inmate will be required to file a claim with that division.
- K. An organization account will be established for visitation photographs.
 - 1. The purchase of film and the development of film shall be made based on the same criteria as the Department of General Services' purchasing regulations.
 - 2. Purchases of film and film development will be paid from the family photo organization account.
 - 3. On a monthly basis, funds in excess of those needed to purchase and develop film will be transferred by the trust fund custodian to the revenue organization account.
- L. Interest earned from trust fund investments will only be utilized to pay expenses of maintaining the trust fund account, to purchase recreational supplies that directly benefit the majority of the inmate population, and to offset printing costs associated with the inmate newsletter. No state money or interest money earned from trust fund investments will be utilized to purchase recreational equipment (i.e., weights/weight machines, backboards, table saws for arts and crafts, etc.) Exemptions to this will only be granted by the commissioner/designee.
 - 1. The earned funds shall be maintained by each facility and CTFA as an organization account within the trust fund. CTFA will distribute interest earnings into the organization accounts quarterly based on the average daily balances for each facility.
 - 2. The manager shall approve all purchases prior to the obligation of funds.

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- 3. The fiscal officer shall ensure that all appropriate accounting procedures are followed.
- 4. All purchases shall require bids based on the same criteria as purchasing regulations.
- 5. Goods and services shall be paid for by check made payable to the vendor, supported by vendor's invoice. A check shall not be made payable to cash or an employee.
- 6. On a quarterly basis, the fiscal officer shall prepare a written status report including beginning balance, deposits, withdrawals, and ending balance of the interest account. A detailed listing of the goods or services purchased shall be included. This report is to be retained for audit and historical reference.
- 7. The Department of General Services, Division of Personal Property Utilization's rules and regulations and Policy #206.01 shall be adhered to when purchasing equipment.
- M. Inmates shall be allowed to open and maintain savings accounts or legitimate investments, with the earnings accruing occurring directly to the inmate. The inmate must obtain the prior approval of the warden before a savings account is opened or an investment transaction initiated.
 - Inmates maintaining such accounts/investments shall be required to provide a copy
 of the account transactions and balance to their counselors on a quarterly basis.
 This information will be documented on TOMIS conversation LCDG, Contact
 Note, using code QRFA, and shall include quarterly beginning and ending
 balances, as well as total deposits and withdrawals from each account during the
 quarter.
 - 2. At any time an inmate's account balance is \$2,000 or greater, the warden shall submit supporting documentation to the Director of Budget and Fiscal Services for review as to the inmate's potential to contribute toward the cost of his/her care in accordance with T.C.A. 41-21-901 through 911.
- N. Inmates shall not have checking account privileges.
- O. CTFA staff shall conduct an annual review during the third quarter of each fiscal year of each inmate's trust fund account.
 - 1. When the review indicates the possibility that sufficient assets may exist to allow the state to recover at least 10% of the estimated cost of the inmate's care for a two year period, the Director of Budget and Fiscal Services shall forward an Inmate Financial Status Report, CR-3561, to the fiscal officer of the appropriate institution with directions as to completion.
 - 2. Upon receipt of the completed CR-3561, the Director of Budget and Fiscal Services shall prepare a memorandum detailing the results of the trust fund account

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review and forward it, along with CR-3561, to the Assistant Commissioner of Administrative Services for investigation.

- 3. When the Assistant Commissioner of Administrative Services investigation indicates that the inmate appears to possess sufficient assets to recover at least 10% of his/her estimated cost of care for two years (or total sentence, whichever is less), the Assistant Commissioner of Administrative Services shall forward CR-3561 and the results of the investigation to the TDOC General Counsel.
- 4. The TDOC General Counsel shall provide the information concerning an inmate's assets and potential ability to reimburse the state for at least a portion of his/her care to the State Attorney General's office for action.
- P. On an annual basis during the first quarter of each fiscal year, the Director of Budget and Fiscal Services shall prepare a report to the commissioner detailing the amount of money collected during the previous fiscal year under the provisions of T.C.A. 41-21-901 through 911.
- Q. Upon receipt of information regarding an inmate's potential assets from reception center staff (See Policy #401.02.), the Director of Budget and Fiscal Services shall initiate the actions outlined in Section VI.(O) of this policy.
- R. Inmates who have not had a trust fund balance of \$6.00 or more at any time during the pay period will receive a hygiene kit. INFOPAC report BI01MKO, Offenders Eligible to Receive Hygiene Kits, will be available on the 17th day of each month. Inmates listed on this report are to receive their hygiene kit within five (5) working days. Each warden shall designate staff to distribute the hygiene kits.
- VII. ACA STANDARDS: 11040, 3-4027, 3-4031, 3-4034, 3-4044, 3-4045, 3-4046, 3-4047.
- VIII. EXPIRATION DATE: April 1, 2006.



TENNESSEE DEPARTMENT OF CORRECTION TRUST FUND ACCOUNT PERSONAL WITHDRAWAL REQUEST

INSTITUTION

\$	DATE:	
PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCO	UNT:	
THIS CHECK IS TO BE MAILED TO:		DOLLARS
THIS CHECK IS TO BE MAILED TO:		NAME
		STREET ADDRESS
		CITY, STATE, ZIP
THE PURPOSE OF THIS WITHDRAWAL IS:		
INMATE SIGNATURE	Puilding	INMATE #
	Building: Room #:	
NESSED:PROVED: YES NO		
ASON FOR DENIAL:		
WADDEN / DIDECTOR DE	RIGNEE	DATE
WARDEN / DIRECTOR DES	DIGNEE	DATE
2727 (Rev. 6-02) White-Inmate Canary-Trust Fund Office		
TENNESSEE DEPARTMENT TRUST FUND AC PERSONAL WITHDRAW	COUNT	
		
INSTITUTIO		
\$	DATE:	
PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCO	UNT:	5011.450
THE CHECK IS TO BE MAILED TO		DOLLARS
THIS CHECK IS TO BE MAILED TO:		NAME
		STREET ADDRESS
		CITY, STATE, ZIP
THE PURPOSE OF THIS WITHDRAWAL IS:		
INMATE SIGNATURE		INMATE #
	Building:	
	Room #:	
ΓNESSED:		
PROVED: YES NO		
ASON FOR DENIAL:		
WARDEN / DIRECTOR DES	SIGNEE	DATE



TENNESSEE DEPARTMENT OF CORRECTION **COMMISSARY ORDER**

	Inmate	Name	TDOC Number		Hou	sing Numbe	r
	Trust Fund: E	Balance		Date:			
tem No.	STOCK NO.	DESCRIPTION	Order Quantity	lte	em	For (Commissary Jse Only
				Unit	Cost	0	rder Cost
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
			Total C	order Cost	1		
	I acknowledge receipt Trust Fund Account.	of the above listed merchandise				cost from n	ny



TRUST FUND ESTATE SETTLEMENT

To Whom It May Concern:

I,	Print Name	do hereby state t	hat I am the Executor
	Print Name		
of The Estate of		TDOC #	
	ust Fund Account be sent to		
Signature of E	xecutor or Estate		
Address:			
Subscribed and sworn	to in my presence, this	day of	
Date:			
		Signature	of Notary



TENNESSEE DEPARTMENT OF CORRECTION INMATE FINANCIAL STATUS REPORT

INMATE NAME:	INMATE N	UMBER:
COCIAL OF CURITY NUMBER		
INMATE ADDRESS (legal residence)		
LAST EMPLOYER:		
ADDRESS.		
The Inmate Financial Responsibility Additional Department of Correction wherein you are "Assets" include property, tangible or in income or payments from social security, wages, bonuses, annuities, retirement be does not include a homestead owned settlement of a claim against the Department of Tennessee as the result of a civil actification to be liable or money saved by y correctional facility. The State of Tennes your care. You may be required to up complete financial information may be determination.	re sentences may obtain information trangible, real or personal, beloworker's compensation, pension enefits, insurance benefits, or from the by you, money received by younent of correction, a money judion in which the Department of you from wages and bonuses passee may use this information and the service of the service	nation from you regarding you assets. Inging to you or due to you including in benefits, previously earned salary or om any other source whatsoever, but you from the State of Tennessee as ignent received by you from the State Correction was named defendant and paid to you while confined in a state to seek reimbursement for the rest of our incarceration. Failure to provide
	D. II. A	(0 (1)
I have the following assets:	Dollar Amount	Location (Specify)
Worker's Compensation/Payments		
Retirement Benefits		
Other Pension Benefits (Specify)		
Previously Earned Salary or Wages		
Previously Earned Bonuses		
Annuities		
Bank Accounts		
Stocks or Bonds		
Real Property Other than Homestead		
Other:		
swear or affirm under oath, that to the best of i	my knowledge, the information pr	ovided herein is complete and accurate.
Inmate Signature		Date
Staff Witness		 Date
	IF INMATE REFUSES TO EXEC	CUTE THIS FORM
Staff Signature		 Date

CR-3561 (Rev. 7-01) RDA 1100



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POLICY CHANGE NOTICE 03-25

INSTRUCTIONS:

Please change Section VI.(C)(2)(a), last sentence to read as follows:

"(TDOC facilities shall refer to Policy #209.02 for further instructions.)"

Please change Section VI.(C)(3)(b) to read as follows:

"b. Room and board, electronic monitoring, and other costs – TDOC facilities will refer to Policy #208.02 for further guidance."

Please add the following to Section VI.(C)(3)(f)(1) and (2) as the last sentence:

"Privately managed facilities will comply in accordance with CCA policy and contractual requirements."

Please add the following to Section VI.(L)(7) as the last sentence:

"Privately managed facilities will comply in accordance with CCA policy and contractual requirements."